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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-24-0101

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850



Children and Adults Health Programs Group

June 4, 2024

Sarah Aker Medicaid Director ND Department of Health and Human Services 600 East Boulevard Avenue Bismarck, ND 58505-0250

Dear Sarah Aker:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), ND-24-0101, submitted on April 5, 2024, has been approved. The effective date for the SPA is January 1, 2024.

Through this SPA, the state increases the upper income standards for the state's title XXI funded Medicaid expansion from 170 to 200 percent of the federal poverty level. SPA ND-24-0101 is a companion to the Medicaid eligibility expansion SPA, ND-24-0007.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-3413 E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs at (410) 786-1536.

We look forward to continuing to work with you and your staff.

Sincerely, /Signed by Sarah deLone/

Sarah deLone Director



CHIP Eligibility

State Name: North Dakota

Transmittal Number: ND - 24 - 0101

Eligibility for Medicaid Expansion Program

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
Add	0	6	147	200	Remove
Add	6	19	111	200	Remove

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119

OMB Control Number: 09381148

CS3

Eligibility for Medicaid Expansion CS3 - Attachment

TRANSMITTAL NUMBER:	STATE:
TN ND-24-0101	North Dakota

Pursuant to North Dakota's approved title XXI Children's Health Insurance Program (CHIP) state plan, the state is authorized to receive title XXI funds for children who would have been ineligible for Medicaid, if not for removal of the asset test. These children have received Medicaid (Title XIX) state plan services, but the expenditures were claimed under title XXI.

After January 1, 2014, the state will no longer be able to ask questions related to the asset test; however, the state has calculated the percent of expenditures related to this group and will continue to claim the same percentage after January 1, 2014 using a methodology approved by CMS.

The method that establishes the percentage is:

Children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits (Group B)

Children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits (Group B) and All Medicaid Children (except for Group A children)

- Group A are 6 to 19 year-old children who were on CHIP but moved to Medicaid when the Medicaid income level increased in 2014
- Group B are children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits

The Group B proxy ratio to be utilized by the State, from the effective date of this amendment going forward, pursuant to the above formula and based upon FFY 2013 expenditures data for the Medicaid Expansion population provided by North Dakota, is 6.4%. This percentage ratio is agreed upon by CMS and the State of North Dakota which will utilize said percentage for calculation of the Group B expenditures to be reported on the appropriate CMS 64 reporting documents (Form 64.21U or otherwise). CMS or North Dakota reserve the right to modify the formula if needed at a future date, which would require a CHIP state plan amendment.

Each quarter the state will calculate total Medicaid spending for children (excluding Group A costs). The state will then multiply the total figure by the Group B ratio proxy (6.4%). The state will reduce all applicable Medicaid categories of services on the CMS-64.9 Base and increase all applicable M-CHIP categories of services proportionately on the CMS-64.21U when allocating costs to M-CHIP based on the proxy percentage. The remainder of the total children's Medicaid expenditures will continue to be reported on the CMS 64 under the current lines and will be matched at the state's normal Title XIX FMAP. The 6.4% proxy ratio was established based on net (including prior period adjustment) claims payment expenditures; therefore, the state will not allocate prior period adjustments at the proxy ratio.